

11-09-13

DCFS Investigation: 2096499A

DCFS made false representation as to who the real threat of harm was to the minor child.

DCFS misuses power, fails to investigate a DCFS report to them where concerns for the child's general wellness were made by a pediatrician at OSF hospital, Ottawa IL. They left the case uninvestigated, without ever opening the investigation. This left the child in harm, which very well could have served to be deadly. Without investigation, how would they suspect it would be okay to just ignore the matter?

In this report, there are several factors which prove they acknowledged that the father posed a threat of risk of harm to the minor child. Nothing was done about this except slandering the mom by falsely writing the alleged perpetrator was her, when the clear risk of harm came from the father and it states clearly how mom attempted to protect child from this harm.

Neither the father or mother were properly portrayed in this report.
The father should have been listed as the alleged perpetrator.
Mother's name should have been left out of the alleged perpetrator section.

The following provides a brief surrounding the history regarding this event.

Summary:

Aug 27, 2013: The first event where a hospital was involved regarding the child displaying possible symptoms. This is listed here in the report. What happened here, was there was a visitation where the father caused the child to return to mom, and her friend Bill Crossman, with symptoms of abuse which coincided with the signs and symptoms of sexual abuse listed on the DCFS website. The site is a valid source.

Mr. Crossman was with me when the child returned from visitation with dad showing signs. He was in the other room when I expressed noticing them upon changing her diaper. It appeared she was suffering genital trauma. Mr. Crossman consoled me telling me he hopes it wasn't abuse. We decided if signs didn't dissipate or there were still concerns in the morning, to take her then. It was later, around 8-9 pm in the evening when the child came back to mom, so it was already late and time for bed.

By morning, the signs had subsided some. I wanted to call her doctor in Ottawa IL to see if I should take her to there because the signs were suspicious, unlike a normal rash or anything else I had seen from her or any other child before. They informed me that OSF Ottawa regional hospital, was only a level 3 hospital, incapable of providing services fit to handle a sexual abuse investigation operation and that they refer all cases which could be sexual abuse to a level 1 hospital capable of investigating, like Chicago or Peoria PRC, to name a few.

So, I called PRC Peoria Illinois only to find out they wouldn't be able to see her in an appropriate amount of time without her signs probably dissipating first. This seemed unrealistic so I opted to work with her general pediatrician from Ottawa IL, so they could at least see her signs closer around the time of alleged incident or probable cause of the trauma like symptoms. They went away shortly after the doctor's visit, and long before she would have been able to be seen at PRC, where even then, it probably would have served as a scheduling visit and then a follow up appointment where the exam might have occurred, to be scheduled to happen longer after that.

At Ottawa Regional though, the doctor informed me that she was concerned, did see abnormal redness, that she could only document the signs according to her ability or protocol as it applied to her legal status. She explains that her title was not a "stain" nurse like a level 1 hospital could offer.

Again, her signs, which she documented that day, are listed in this report, and are concurrent with the signs that the DCFS website are said to be that of abuse. Not all times when children are abused, do they show signs though and this is also made clear on the website. In this case, the child did show signs, and that is more concerning than if there were a concern or suspicion coupled with no physical symptoms at all. This went ignored by DCFS personnel though.

11-09-13

DCFS Investigation: 2096499A

The doctor told me she thought DCFS would handle the investigation further, and informed me she'd give them a call. I never heard anything from DCFS though pertaining to this matter.

Then some time went on, and I was unable to find any local services. I believe I had contact with a Perry memorial doctor whom I spoke to, and who told me that children can show little to no signs of abuse, while still suffering some kind of digital manipulation, which would be hard to spot at an exam, but can leave minor symptoms, close to rashes, yeast and other infections, etc. which she contracted a few times after time spent alone with the father.

I was redirected to the PRC Peoria Illinois, but never took the child there until one evening later on, closer to time that court was scheduled. I wanted to offer a more professional opinion than mine at trial as to the signs my child was experiencing, which appeared to be prolonged symptoms of sexual abuse according to the DCFS protocol website, and just by a general synopsis by me and a couple of my close acquaintances, at how unhealthy the father seemed to be for the child.

He was having not only an unhealthy effect on her, but was alleged to be bringing drugs around her, planning on dropping her off at strange places while he was planning to go off partying, etc., and was just all-around a near psychopathic, sociopathic individual.

Schizophrenia, his mom tells me, runs in almost all the males of their family. This is just a few more behavioral concerns from the father to name a few, not to mention the threats of murder he made to the child and me, suicidal tendencies, drug use, domestic violence stemming from very early on, escapist lifestyle, druggie tendencies, which are all signs of most perpetrators. I didn't realize this until I saw more for myself, his unethical parental defects. He appeared to be becoming more and more apathetic, and like that of a pedophile. I never knew he would become this way but took note as it appeared to have a damaging effect on the child.

The father's mother was also presenting signs of an alleged abuser, where she would insist on time alone with child, schedule time with child and then lie about her whereabouts, living a secretive, abusive, power hungry lifestyle.

There was this one time where she came to my church, abusing my child and I in front of everyone present that day. I was threatened by her in ways that I cannot explain, how hurt I felt. She was a threat to my child, and was telling me she would not leave until I gave my child to her. This was inappropriate in so many ways, but I tried to be civil, as I always have. Her behavior just got worse over time.

Later, she then attempted to force her son to pursue parental right so that he would give our child to her on visitation so that she could, what she claimed at court in bureau county while she was freaking out, share her with people. The bailiff there yelled at her for her inappropriate behavior and threatened to kick her out for disturbing the peace. This was no place for a child to be and the father didn't seem able to stick up for himself, me or the minor child, and appeared he couldn't wait for his next hit or night out at the bar.

His mother would stalk me, sit outside residences where I was at, waiting to watch me come out, yell at me or say something. She was mean, aggressive, hostile, abusive and threatening. She not fear for the safety of me and my child and our wellness. She would threaten me while working her job, acting out, shouting, screaming at me in front of the child. This was observed by Melissa a NPO domestic abuse shelter worker, (ADV SAS worker) who was outside Walmart that day. The father left threatening messages in my car door, cursing at me telling me to leave the child with his parents, while he went out to party, etc.

One time, the father told me he gets possessed and that spirits told him to kill me, which he was threatening to do. This is a sign of a mental disorder. His ex-class mate and co worker, who knew him long before I did, also claims that the father has been saying the same exact things, dating back to when he was in highschool, where he personally experienced the father expressing concerns of demonic possession to him. I believe there is an underlying mental disorder present.

11-09-13

DCFS Investigation: 2096499A

Domestic violence was a reoccurring theme from Kevin alongside psychopathic, sociopathic, pathological lying tendencies. He was always abusive. This put me in fear for me and my daughter's life. I very well should and could have gotten a protective order early on, but was nice enough to try to be pleasant for the child's sake. Him and his mom were the ruiners, with ill intent and probable mental disorders, making everything a horrible experience.

Due to all of the concerns, them not serving her best interests, her already showing signs of abuse and trauma, and them showing abusive traits, growing more so with time, I called PRC to try to find someone who could assist by offering more of an opinion.

Previously, the father and I went for counseling and the therapist told us we should split and go our separate ways due to the fact he was unwilling to work it out. Another lady told us the same thing, that she thought I should leave him due to the threat of abuse he posed on my daughter and I, and his unwillingness to help plus added drama from his family. He only seemed to want to go out drinking and partying and as my friend Sara Scruggs, from the people church in Princeton IL where the incident happened at said, I might have been overstaying my welcome.

The father expressed extreme urges to murder me around that time, which was making me very uncomfortable and scared for my daughter's safety, and the father's mental health, which his mother told me was a real problem and cause for much concern of hers dating back a long time.

The police were notified on the abuse and threats.

There were some minor physical altercations where pictures were taken of scratches the father caused me. On several occasions he threw things at the minor child, which could and probably would have caused her severe impairment but his aim was a few inches from hitting her head directly on one occasion when she was just 5 days old.

He struggles with rage and drug usage etc. Another time soon after birth, he tried to burn her in a baby tub on purpose, filling it with above burning hot water, which was problematic for the household and we were both well aware of this. I saved her after hearing her screaming cries. This is when I started to notice the psychopathic, sociopathic tendencies portrayed into the parenting realm.

He was said to be raised in a home where he was unloved by his mother. She was said to leave him at home immediately upon return her from the hospital after he was born, to be raised by his father, who admitted to me that he refused to participate in the raising of Kevin, stating he left him crying in the crib, with a full, soiled diaper, screaming and crying at times, up to 12 hours until the return of his mother to provide care for him. This is abuse and neglect, that the father was subjected to at a young age. This type of parenting behavior, or lack thereof, the lack of showing empathy, concern, or love is what most popular psychologists are saying is what produces psychopaths. Abuse begets abuse, so they say.

I was wanting to speak with an experienced child psychologist, who also was trained in the areas of child sexual assault, or long-term signs of trauma, instead of take her to the doctors. My intention was not to subject her to an exam, and in fact was quite the opposite. I was not expecting for the Nurse at PRC to handle my calling in reference to obtain services from a psychologist, the way she did.

The PRC nurse I called on the hotline the evening of Nov 8 and 9th told me that due to the concerns I was expressing when trying to get transferred to a psychologist, that she recommended I bring the child in to the ER for an examination. I did not necessarily agree with this and alternately tried to differ away from the subject, claiming I was only calling for a referral to psychologist who can offer testimony. The nurse went on to explain how she's heard of SRA, and told me this sounds like it could apply to the situation. She asked me if I had any concerns about this. In the production of this DCFS document though, hearsay comments got mixed up and it writes as if I brought up the subject but I can assure you, I did not. I did not mention anything of a cult, I think I might have mentioned the word "occult" when responding to the nurses bringing up the topic on SRA, which she claims she hears of very commonly and which is why she thought it may apply.

11-09-13

DCFS Investigation: 2096499A

She told me that if I bring the child to the E.R. that it would be a step or way to form a paper trail, gain referral to a psychologist, etc., despite me not having physical concerns from her at that time.

Again, a prior report where I took her to the hospital for physical signs, which were documented, went uninvestigated by LaSalle county DCFS personnel. I almost talked my way out of bringing her there but she told me she may report me for negligence. So I listened to medical advice.

By the time we got there, it was late and I waited forever in the waiting room at the emergency department. I was unaware this would be expected of me when all I was trying to do was obtain a psychologist. It is not my fault this is their protocol, and if this is what they are claiming I am in trouble for then perhaps they should take it up with the hospital and have them change their methodologies or practices.

There was really no help there at the hospital, and presented to only create more problems. There were misunderstandings there among nurses as to why I brought her, and I told them the nurse told me to so I could get a psychologist. They acted confused. I tried telling them to contact the nurse, etc, but overall I think they handled the matter under professionally. I am not exact, but I believe this is a college, thus a practicing hospital, where medical students can study or something.

I believe this was a step to help DCFS gain evidence or documents to be made in effort to later take protective custody of my child. This all went against her best interest, which I have tried to maintain with integrity, this entire time.

This report tells details of DCFS corruption, threats from father, abuse concerns of father posing a threat to child, failure to investigate a report of sexual abuse by a medical provider, to name a name a far.

The mother's character being credible is not a determining factor in claiming the child was in danger.

Here, multiple medical professionals corroborated a concern for the child, which the mom also had and this document references a medical report written by a doctor who referred the case, reported to DCFS, and documented her signs, which are consistent with the signs on the DCFS webpage for sexual abuse, yet this matter went uninvestigated by LaSalle County DCFS. The reporter states how the signs Madeline was showing, which was documented by one doctor and discussed with by another, are said to be HUGE signs of sexual abuse, the nurse says.

I think DCFS are the ones who's credibility should be questioned, which is the real cause for concern in this matter as they are not investigating effectively or at all for that matter, which is the opposite of their job protocol.

A child who shows signs of abuse should not be left in a dangerous environment or situation just because DCFS likes to gang up on, berate, or threaten a said protective parent for unjust reasons or causes.

DCFS neglects to protect my child by any reasonable standard, and alternatively reacts to reasonable efforts made by said protective parent, in effort to disqualify her ability to provide care for a minor child by sabotaging her legal standing and writing how a report where dad posed risk to the minor child, was about her. This is not only case neglect but nearing criminal child endangerment.

All of the things listed in this report were reported to local DCFS but nothing was done about it, then they later colluded behind the scenes with this abusive father's attorney, agreeing to grant the abusive father custody through the use of an OP.

11-09-13

DCFS Investigation: 2096499A

In the DCFS narrative of this report, the essential issues presenting themselves are as follows:

- A. Child shows signs of sexual abuse, which are said to be "HUGE" signs of sexual abuse by medical personnel.
- B. The child's safety is threatened by the father.
 - 1. Drug use from the father, bringing paraphernalia and illegal drugs around child.
 - 2. Domestic violence concerns from the father.
 - 3. Threats that he was going to murder mom and child.
 - 4. Child showing abuse signs after being with father.
- C. DCFS improper procedures.
 - 1. Gross case mishandling.
 - 2. Neglect to investigate properly.
 - 3. Neglect to investigate at all.
 - 4. Failure to comply with code of ethics and procedures.
 - 5. Failure to provide safety from harm to minor child.
- D. Lack of adequate resources to help child with this kind of investigation
 - 1. Lack of resources locally to help provide services suiting to this type of thing.

DCFS Narrative points and explanations:

- 1. Signs of abuse from child after being with dad.
- 2. Doctor reports the child showing signs which are consistent with sexual abuse, which are caused from time spent with father.
- 3. DCFS failure to investigate a sexual abuse concern, reported to them regarding the child.
- 4. Mother attempted to protect child from said threat of abuse from father.
- 5. Child shows possible long-term effects of abuse.
- 6. Mother contacted PRC in search of a psychologist to offer insight as to why the child was displaying the signs she was displaying.
- 7. PRC Nurse told mother to bring child to hospital for unnecessary exam.
- 8. Lack of adequate local resources to supply service to investigate possible sexual abuse threat...
- 9. Threat and risk of abuse from father.
- 10. Father makes threat of murder to mother and minor child.
- 11. Risk of harm to child through dangerous environment is a threat posed by dad.
- 12. Concerns of mental illness and alcohol abuse made aware from members of father's family who lived with the father.
- 13. Concern violence from father, which poses a threat to the child.
- 14. Concern that the father used drugs, and this might be a danger to the minor child.
- 15. Physician says that symptoms child is said to be showing are "HUGE" signs of sexual abuse.
- 16. Report lists false personal and contact information on mother.
- 17. It is listed in the report that it's unknown if mom is a credible source.
- 18. Mom is corroborated by three medical professionals and documents.
- 19. DCFS neglects to provide safety through adequate services to child from threat of harm.

11-09-13

DCFS Investigation: 2096499A

1. Signs of abuse from child after being with dad.
 - a. These signs are consistent with sexual abuse signs according to DCFS webpage:
 - b. It also states that children who are sexually abused may show no physical symptoms.
2. Doctor reports the child showing signs which are consistent with sexual abuse, which are caused from time spent with father.
 - a. On 8/23/13, A doctor from Ottawa Illinois saw that the child was showing some of these physical symptoms consistent with sexual abuse as mentioned above, and that this was documented and reported to DCFS.
3. The child was seen there instead of Peoria, due to PRC telling mom the child would have to wait one week before being seen there, which was too long.
 - a. The Ottawa Doctor told mom that she did not specialize in sexual abuse exams, and could not offer knowledge as to whether she had been abused for certain or not, but that she could document her signs, and they did match signs which are said to be that of sexual abuse. The doctor said the most she could do was list her symptoms, but not diagnose abuse as her legal capabilities due to lack of training in that area, were a limitation. She said it did appear tampered with though and that she would call DCFS.
4. DCFS failure to investigate a sexual abuse concern, reported to them regarding the child.
 - a. DCFS is unable to find history of the above reported incident, because they did not investigate.
 - b. Mom never received a call, or feedback from DCFS.
 - c. They never did an investigation.
5. Mother attempted to protect child from said threat of abuse from father.
 - a. How can mom be a threat of harm to child, if father is showing a potential threat, and mom was reported to have attempted to protect, and continue to make efforts to protect child from threat of harm?
6. Child shows possible long-term effects of abuse.
 - a. Symptoms of abuse which were not present before unsupervised time with father, remained problematic, and persisted despite mother's attempt to provide supervised or limited unsupervised visitation.
 - b. The signs of abuse which were affecting the child's ability to function as she did before the alleged abusive incidents took place.
7. Mom contacted PRC in search of a psychologist who can offer insight as to why the child was displaying the signs she was displaying.
 - a. This is what prompted mom to call the PRC, as she was looking for insight from a child psychologist so that she wasn't making her own assumptions.
8. PRC Nurse told mother to bring child to hospital for unnecessary exam.
 - a. The Nurse on the phone, who appears to be the reporter in this said document advised mom to bring the child to the E.R. and told mom that an appointment with a psychologist could be made there.
 - b. The mom didn't want to bring child to the E.R. though but the Nurse insisted and mom did not want to refuse medical advice, as she feared that would make her look like a bad mom.
9. Lack of adequate local resources to supply service to investigate possible sexual abuse threat.
 - a. The mother tried to obtain services from Perry, a local hospital but they weren't able to help as they were not trained to handle sexual abuse cases like this and told mom to call PRC, and told her that they send things like these out of town to level 1 hospitals trained in the area of sexual abuse.

11-09-13

DCFS Investigation: 2096499A

10. Threat and risk of abuse from father.
 - a. There were concerns of cult activity from the father.
 - b. This was not initially reported by mom, but when the mom was trying to talk her way out of bringing the child to the E.R. as she essentially was only calling to see if she could make an appointment with a psychologist, the Nurse told mom that the details of concern which she describes are consistent with SRA, or cult activity which they sometimes have seen in similar cases, and asked mom if this was a concern.
 - c. Mother continued to express the father's telling her of his satanic interests, cult friends, satanic based music groups the father has played in, the drug use, threats of murder, etc.
 - d. The father's friends from his band urged the father to kill the mom, while she was standing there listening to the conversation.

11. Father makes threat of murder to mother and minor child.
 - a. The father had made threats of murder (Premeditation, or attempted homicide) to the mother and minor child.
 - b. There were multiple incidents where the father expressed desires to murder the mother, and in one instance, he explained in great detail, his plans to carry this out, where he told the mom he was going to murder her, chop her body into tiny pieces and hide them at her friends, house, and other places, etc.
 - c. These threats were reported to police. Mom also confided in the father's mother, Mary Kramer one day while sitting on the couch in the shared home before the split, about his threats of murdering her. His mother then expressed how she believed he suffered from Schizophrenia which runs predominately in the males within her family. Mom did not know the father potentially suffered from this until after the child was born.
 - d. Three months after the child was born, the father voiced a desire to kill the innocent one, while chanting, "I smell the blood of an innocent one" at the end of a song he wrote and video recorded, while he sent the child to a stranger on one of his visitation days.
Link here:

12. Risk of harm to child through dangerous environment is a threat posed by dad.
 - a. Threat of dangerous environment to child is a risk is posed by father, not mother.

13. Concerns of mental illness and alcohol abuse made aware from members of father's family who lived with the father.
 - a. Mental illness and alcohol abuse made aware from members of father's family who were in the home with father and around said minor child.
 - b. Alcoholism is a concern from the father's dad, child's paternal grandfather, and mental illness from one of the other family members residing in the home with the father at this time. Mike Mignone, the father's uncle, Mary (Mignone) Kramer's brother, who lived at the same place where father was having child during his said visitation times, was said to be full blown mentally retarded, incapable of providing for oneself, heavily medicated and suffering from catatonic Schizophrenia, psychosis among other things.
 - c. This is a threat in itself to a dependent, where mental illness might take a turn where the child can be injured if alone with him, or an outburst should strike.

14. Concern violence from father, which poses a threat to the child.

11-09-13

DCFS Investigation: 2096499A

15. Concern that the father used drugs, and this might be a danger to the minor child.
 - a. The father not only used drugs in his home, which the mom did not approve of, it goes along with his musician, druggie, party lifestyle, but he would go as far as to bring drugs on him, alongside smoking devices into the child toy play area at the mother's father's home where supervised visitations were taking place. The father showed no regard for the child. It was unknown why he would bring drugs on him around the minor child. They are illegal, and he is risking putting himself away somewhere, unable to tend to the child's needs which is child endangerment in itself.
16. Physician says that symptoms child is said to be showing are "HUGE" signs of sexual abuse.
17. Report lists false personal and contact information on mother.
 - a. SACWIS Lists Julia's Birthday at 4/17/91, but Julia's birthday is 4/14/91
 - b. DCFS writes (815) 872-6703 as mother's phone but it might have been (815)303-5454.
18. It is listed in the report that it's unknown if mom is a credible source.
 - a. That is no reason to twist the report which shows father is potential threat of harm to child, to be made about mom, who is the child's only protective parent if father is posing a threat like this document portrays.
 - b. The mother's credibility can be investigated more by DCFS, instead of not giving her the benefit of the doubt. That is no reason to ignore threat of harm or risk posed by the father.
19. Mom is corroborated by three medical professionals and documents.
 - a. The doctor from Ottawa on 8/27/13 documented the child's symptoms, and although she had no legal training to diagnose sexual abuse, the signs matched those listed on the DCFS website, where it states child may be sexually abused with no physical signs present, showing this is more concerning than a situation where no signs were present. This was ignored and uninvestigated by DCFS.
 - b. The reporting doctor writes although the mother's credibility is unknown, the she is concerned for the minor child, given the causes of concern and possible threat to her by father, which was explained to her.
 - c. This proves that mother was not unreasonable at being concerned for her daughter about these things as a medical professional saw these of equal concern.
 - d. Another doctor from OSF states that the signs which are describes, and some which were documented early by above said doctor from 8/13/13 incident, are "Huge" signs of sexual abuse, and this opinion is coming from trained medical personnel. This eliminated the possible threat due to uncertainty that mom was a credible source.
20. DCFS neglects to provide safety through adequate services to child from threat of harm.
 - a. Medical documents record the signs, which mom say the child was experiencing, and was documented by medical professional from OSF 8/23/13. This was uninvestigated by DCFS.
 - b. This shows a general lack of concern from DCFS, lack of authority, not handling the investigation properly, lack of investigation into the first matter at all, disregard for the child general wellness, and bordering along the lines of criminal child endangerment from not investigating first report, leaving sexual abuse to possibly go on without anything being done to resolve it, and making the threat of harm from dad, about mom, when mom was only trying to protect the minor child.